

**Last Name**

# FOX MEADOWS POOL PASS REGISTRATION FORM

**NEW YEARLY STICKERS ARE REQUIRED FOR ENTRANCE TO THE POOL. PASSES WILL BE CHECKED.**

Pool ID Passes must be renewed yearly and are valid from May 27, 2017 to September 4, 2017. It allows seasonal use of the pool. The replacement charge will be \$5.00 for each lost or damaged pool pass. Each season, a free guest pass will be issued to each home permitting ten (10) guest visits.

Name:

Address:

**LOT OWNERS ADDITIONAL INFORMATION:**

Phone (H) # \_\_\_\_\_ (W)/Cell# \_\_\_\_\_ Cell #2 \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

(Please print clearly) ( ☐ I give permission for the FX HOA to use my email address for FX HOA business only) Please check box

Additional guest cards permitting ten (10) guest visits may be purchased for \$20.00 from Landmarc Real Estate only at the May early bird pool registration dates or at their Landmarc offices starting after May 28, 2016. Please contact Landmarc Real Estate at (540) 371-3406 if you have any questions about replacement or guest passes.

**Passes will not be mailed, so plan to attend the pass registration dates or visit Landmarc Real Estates office, beginning on May 28, 2017 from 1 - 4 p.m. on Fridays only.**

**PLEASE NOTE:** Only immediate family who live at the residence shall be given passes and ID will be required to show residency in Fox Meadows HOA. Children 12 years of age and up can come to the pool without an adult. With parental permission, children who turn 12 over the summer can come to the pool without an adult.

Please check one of these Options:

\_\_\_\_\_ I rent my house and assign my facility privileges to my tenants. **FORM MUST BE FILLED OUT AND RETURNED WITH OWNER'S SIGNATURE – NO EXCEPTIONS**

\_\_\_\_ Cards needed for the following residents of my home with proof of residency. **FORM MUST BE FILLED OUT AND RETURNED WITH OWNER'S SIGNATURE – NO EXCEPTIONS**

**Additional residents' pass information: (please print clearly)** please do not include children under 3 years of age.

Name	DOB	Relation to lot owner
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Name	DOB	Relation to lot owner
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Name	DOB	Relation to lot owner

Name	DOB	Relation to lot owner
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Name	DOB	Relation to lot owner

Name	DOB	Relation to lot owner

Name	DOB	Relation to lot owner

**PLEASE SEE OTHER SIDE**

**NOTE:**

The resident holders of these passes agree to abide by the Bylaws and the Declaration of Covenants, Conditions and Restrictions of the Fox Meadows HOA and the Pool Rules and Regulations you now receive and have read which govern activities of the pool and other facilities. I understand this membership may be revoked if such Bylaws, rules and regulations are not adhered to. I certify that all holders of these passes are in the proper physical condition and good health to safely use these facilities, and all holders assume personal responsibility for undertaking the appropriate due care in mitigating the inherent personal risks of injury when using the swimming pool and other facilities. I hereby certify that all individuals listed above reside full time at this address and we have read and/or fully understand the rules and regulations, and that I am a member of the Association in good standing (i.e. all assessments are paid in full, I am not in violation of any architectural guidelines, etc.) I understand that these memberships may be revoked if I should lose my "good standing" status at any time.

Signature of Lot Owner \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY  
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Number of Facilities Passes Issued \_\_\_\_\_ Guest Pass Issued \_\_\_\_\_ Pool Rules Issued \_\_\_\_\_ Date \_\_\_\_\_  
Number of Facilities Passes Pending \_\_\_\_\_ Initials \_\_\_\_\_ New \_\_\_\_\_ Replacement \_\_\_\_\_ Stickers \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
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